CHAPTER - III

- MATERIALS AND METHODS
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In the proceeding pages the research problem has been formulated. In this chapter, it has been proposed to describe different tools and techniques adopted in the present study.

To investigate the prevailing conditions of drug abuse among the youths of Manipur, the normative survey method was employed. The necessary data were collected by a questionnaire.

In the preparation of the questionnaire great care was taken to include all items that should have direct or indirect bearing on the conditions or factors inducing drug addiction among the youths in Manipur. There were 46 items in the questionnaire including both the 'Check-up' and 'free' types. The questionnaire was prepared in simple and clear English (Appendix - A). The following procedures were followed in the administration of the questionnaire.
The questionnaire was handed over to the controlling officers of selected Rehabilitation Centres, Narcotic Cell, Imphal District Police Headquarter, and the Sajiwa Jail, Khabeisoi, Manipur, giving them clear instruction and making them request that they should keep the questionnaire ready after duly filled in for collection by the investigator on the scheduled date.

The duly filled in questionnaires could not, however, be collected in time, and so many reminders had to be sent and several personal visits and requests had to be made to get the questionnaires back. Some of the questionnaires were found incomplete, and so rejected. After a thorough screening, 515 questionnaires from all the 14 Rehabilitation Centres, Narcotic Cell, Imphal District Police Headquarter, and the Sajiwa Jail, Manipur were included in the present study. The questionnaire is given in Appendix - A.

II. For the case studies of drug addicts, the interview method was used, and the interviews with the drug addicts covered wide aspects of the question of drug addiction. The necessary data were collected by means of a questionnaire inspite of the fact that most of the drug addicts preferred
to be interviewed rather than fill in a questionnaire. To satisfy the research for any future reference, if needed, the voice and the articulation of the drug addicts were recorded in cassettes during her interaction with them. (UP-5).

III. Besides the above techniques, the researcher also collected 'Open written views' from the drug addicts. For this, they were requested to write to the researcher any matter that came to their minds just after they had consumed their drugs. Responding to this call, the drug addicts sent their written answers to the investigator and in that the drug addicts expressed their wrecked relationships, and their mental pains and afflictions much more openly than in a situation of face to face interview. This method was very helpful in eliciting the very important hidden thoughts and ideas about the addict and the nature of addiction.

IV. The other tools and techniques in the present study included interview of the Project Directors, Counsellors, Medical Officers of the Rehabilitation Centres and also the parents of the inmates; consultation of the documents and records available in the concerned Centres, Jail and Medical Departments.
Interview with the Project Directors, Counsellors, Medical Officer and the Parents was very helpful in the selection of the sample as well as varying and confirming the information supplied by the drug addicts. Information obtained from the Narcotic Cell, Manipur, Sajiwai Jail, Manipur were also quite reliable. Other than these, there was no other relevant method which could give an unbiased data of the present study.

V. The Sample:

The sample was taken at random. However, the researcher was careful to balance the sample by making sure that all professions and age groups were represented. The main target of the study was also focussed on the chronic addicts.

The sample consisted of 515 inmates (males and females) spread over to 14 Deaddiction Centres in Manipur. The addicts were sorted out into five types:

1. Adolescent Initiates
2. Intermittant users
3. Chronic addicts
4. Relapsed addicts

5. Ex-addicts;

**Adolescent Initiates:** This group includes those individuals in the adolescent stage (12 to 17 years). They take to drugs once or twice a month. The most common drugs taken by them are Ganja, Hashish and Pills. Peer pressure leads them to take to these drugs.

**Intermittent users:** They are the young persons of the age group, 17 to 21 years. The frequency of drug use tends to be once or twice a week. The choice of drug for the intermittent users is mostly heroin.

**Chronic addicts:** They are the persons who are in a condition of chain intoxication. They let their state become normal. They take the drugs as soon as they get the depression effect. Their normal routine in a day is to take the drug in the first morning on waking up and then to take it throughout the day, and lastly to take it on going to sleep. They also take the drug if the sleep is disturbed. In this way the individual becomes a chronic addict. Persons among the age group, 20 to 30 years were found to be chronic addicts. The most common drug used by them are alcohol, morphine, heroin, LSD, etc.
Relapsed addicts: Some addicts give up the drugs for about 6 months, but somehow they return to the old habit of abusing drugs. They are not successful in their attempt to shunt off the drug habit for all times to come. They use the drugs 3 to 5 times a day. When someone talks to them, they are always keen to impress that they will 'soon' be giving up the drug habit. But most of them are gliding quietly towards chronic addiction. They choose morphine, heroin and other psychotrophic drugs.

Ex-addicts: They have given up the habit of drug abuse after several motivation and development of self determination. Such persons belong to the age group, above 30 years, generally. As they have overcome their drug habits, they have no intention to go back to the old bad habit. Very few ex-addicts would like to return to the old habit for a while but when they remember the consequences of drug abuse, they manage to escape from the drug world.

VI. Collection of Data:

In order to ascertain the magnitude of the problems of drug abuse in Manipur, the following data were collected and analysed:
1. Urban and Rural distribution of drug abusers/addicts.
2. Number of male and female addicts.
3. Age wise distribution of addicts.
4. Age at first initiation of drugs.
5. Type of drug being abused for the first time.
6. Source of initiation to drugs.
7. Reasons for using drug for the first time.
8. Place at which first use of drug was made.
9. Duration of drug use.
16. Distribution of addicts as per personal income (per month).
17. Average daily expenditure on drugs.
18. Average daily expenditure by persons of nil income.
19. Type of drug being abused.
22. Effects of drugs on the body.
23. Attempt to give up drug abuse.
24. Self perception on habit of taking drugs.

Centre-wise distribution of addicts:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of De-addiction Centre</th>
<th>No. of inmates (addicts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Life Line Foundation (LL)</td>
<td>22</td>
</tr>
<tr>
<td>2.</td>
<td>Kripa Foundation (KF)</td>
<td>65</td>
</tr>
<tr>
<td>3.</td>
<td>Joshua Inn (JI)</td>
<td>19</td>
</tr>
<tr>
<td>4.</td>
<td>Light House (LH)</td>
<td>25</td>
</tr>
<tr>
<td>5.</td>
<td>Yaiphakol (Yk)</td>
<td>61</td>
</tr>
<tr>
<td>6.</td>
<td>Lambka Rehabilitation &amp; Research Centre (LR)</td>
<td>10</td>
</tr>
<tr>
<td>7.</td>
<td>Siloam Rescue Home (SR)</td>
<td>15</td>
</tr>
<tr>
<td>8.</td>
<td>New Life, Sangaiprou (NS)</td>
<td>67</td>
</tr>
<tr>
<td>9.</td>
<td>New Life, Churachandpur (NC)</td>
<td>21</td>
</tr>
<tr>
<td>10.</td>
<td>Shine De-Addiction Centre (SA)</td>
<td>26</td>
</tr>
<tr>
<td>11.</td>
<td>Divine Light (DL)</td>
<td>27</td>
</tr>
<tr>
<td>12.</td>
<td>New Hope (NH)</td>
<td>42</td>
</tr>
<tr>
<td>13.</td>
<td>Sajiwa Jail (SJ)</td>
<td>55</td>
</tr>
<tr>
<td>14.</td>
<td>Dawn (DN)</td>
<td>69</td>
</tr>
</tbody>
</table>

A brief account of each of the above Centres will help easy identification and assessment of the activities of the Centres.
DE-ADDICTION CENTRES

1. **LIFE LINE FOUNDATION**,  
   Canchipur, Imphal (Manipur):

   This centre was established in 1992 by an ex-addict with a view to giving counselling services and treatment to the addicts. It has provision for male addicts only. It has very meagre source of income for the entire management of the centre. It, however, derives its income from admission fees and also from the landed property of the Director cum-counsellor of the centre.

   Arrangements are made for dormitory rooms where the addicts could stay with their belongings.

   Since the management of the centre is entirely vested upon the Director cum-counsellor, proper counselling programme and group therapy are provided in a routined manner. Some of the measures for extending treatment to the addicts in the centre include the following:-

1. **Detoxification** - Self control measure without medical facilities.
2. Counselling service - Individual, Group, Family, etc.

3. Yoga therapy.

4. Gardening work.

5. Mess are prepared by the inmates themselves under the routine manner.

6. Meditation.

Whenever necessary, the services of a qualified Doctor (Medical) are made available to the addicts.

Although, the centre lacks certain other facilities as are required to be provided to the addicts, the outcome of the centre is, however, commendable.
Fig. (Photograph) : 17
Life Line Foundation Administrative Block, Imphal.

Fig. (Photograph) : 18
Class Room, Life Line Foundation, Canchipur, Imphal.
Fig. (Photograph) : 19

Farm Area, Life Line Foundation, Canchipur, Imphal.
Fig. (Photograph) : 19
Farm Area, Life Line Foundation, Canchipur, Imphal.
2. **Kripa Foundation, Lalampung Makhong, Imphal (Manipur):**

This centre was established in 1991 by a group of young enthusiasts with a view to uplifting the addicted youths in particular. It has its head-quarter in Bombay (Mumbai).

It is purely a private organisation but sponsored by Ministry of Welfare, Government of India, New Delhi.

The centre is administered by a Project Director assisted by a group of trained personels consisting of Doctors, Counsellors, Social workers, Psychiatrist, Nurses, Ward boys and other ministerial staffs.

The centre is well set-up having various financial resources. It has 30 beds and sufficient dormitory rooms for male addicts.

The treatment is available to all who seek help irrespective of age, social, occupational or religious backgrounds. While the length of stay for inmates at Kripa varies according to individual needs, the suggested stay is 144 days. Cases
may be referred from sources, such as medical, legal, occupational, educational or by self help groups such as AA and N.A. Most often family and friends initiate the treatment process. A few cases come on their own.

The treatment programme is an intensive absorbing experience, comprising of Primary care, Secondary care and After care. In some instances and where circumstances warrant, patients may be required to undergo Extended care.

Each patient's social, emotional, spiritual and health status is carefully evaluated with special attention to alcohol and drug abuse. The patient fills a self evaluation form which is a basic document on which the assigned counsellor based his initial interview and assessment of "Severity" of addiction. This is the blueprint for the patient's treatment at Kripa. At this stage, the Admission Counsellor may refer the client of Self Help Groups and also orient him as to what is a "Therapeutic Community" and what he/she may expect to gain from the treatment in such a setting as well as what are the duties and obligations required of the client himself and towards the community he in entering.
Fig. (Photograph) : 20
Kripa Foundation, Lalambung Makhong, Imphal.

Fig. (Photograph) : 21
Class Room, Kripa Foundation, Lalambung Makhong, Imphal.
Fig. (Photograph) : 22
Interview of Project Director, Kripa Foundation, Imphal.

Fig. (Photograph) : 23
Community Programme attended by the Researcher in Kripa Foundation, Imphal.
An "Intensive Phase" is the beginning of the residential programme in which the patient is detoxified and supported through his/her withdrawals. The patient's health needs are looked after and on stabilization, the patient is initiated into the De-addiction phase. Primary care takes into consideration that addiction is perpetuated through broken family relationships and is provoked by inadequate or inappropriate family responses. Family visits are, therefore, discouraged and in the first month the patient is given a surrogate family of a "Therapeutic Community" where he learns to adjust into a new lifestyle and learns newer and more appropriate coping skills. Abstinence slowly becomes his new reality and the possibility of living a chemical free life-style, his belief system. All these are affected through a carefully structured timetable which normalizes his sleep-wake cycle, time to work, study meals, leisure, meditation, entertainment and sleep.

Through daily Input Sessions, group dynamic and peer examples along with professional counselling and therapy, the patient is initiated into the 12 step recovery programme of the Alcoholics Anonymous and Narcotics Anonymous. He gradually begins to accept the concept of powerlessness over his condition and the unmanageability of his life as a spiritual and
his addiction. At this stage he learns to make a choice—
namely, that he cannot use any mood-altering chemical ever
in his life and that life can be belived very enrichingly
inspite of that.

The mode of treatment is a holistic approach of heal-
ing, using a transpersonal, transformational technology the
cornerstone being the 12 steps of Alcoholics Anonymous with
a goal of total abstinence not only from alcohol and other
drugs, but also from their impulsive and compulsive behaviour
and an improvement on the bio, psycho, social and spiritual
levels.

The patient is required to strictly adhere to a daily
schedule which gives them a consciousness and awareness of
time zones and time management enabling them to be specific
and concrete in using time wisely. The 24 hours are broken
up into periods of work/study (38.55%), leisure and exercise
(17.70%), life sustaining activities (12.50%) and sleep
(31.25%).

The daily morning prayer and meditation includes
sessions of Yoga and Vipassana, as a psycho spiritual and
psychosomatic therapy.
The counsellor and patient work together in sessions to identify personal problems and set specific goals that will lead to better life. These goals include identifying and overcoming their self-defeating behaviours and attitudes. Daily input sessions seek to bring awareness in the patients to develop a determination, dedication and discipline to identify and move out of their disease and to bring back a possibility, purpose, and power of life fulfillment in their life.

Daily group therapy helps each patient better understand themselves and their disease through a process of sharing similar experiences of their disease. By sharing personal experiences, patients learn, often for the first time, to trust and seek help from the fellowship, friends and loved ones.

Alcoholic Anonymous/Narcotics Anonymous/Nicotine Anonymous meetings are each held twice a week in order to help patients recognize their disease. With the help of the fellowship, they soon begin to resolve personal barriers to recovery.
Occasional Power Labs/Rational Emotive Therapy/Therapeutic Assignment helps patients to look deeply and see the potentialities and promises of their life through a fruitful relationship with self, others and the God of their understanding.

Going to work from the returning to the centre is an Aftercare facility available at Kripa. This is a phase made available to adjust gradually to one's normal functioning in society and maintaining continuity of the recovery.

Regular and frequent availability of counselling at Counselling centre of Kripa is another "Aftercare" facility.

A list of Alcoholic Anonymous/Narcotic Anonymous meeting places is made available to the persons in the location of their residence or workplace and they are strongly recommended to avail themselves of all these facilities, after leaving Kripa, as an Aftercare measure.

Many persons have associated mental disorder along with their addictions; some have lost everything due to their addictions, others have a severity of addictions that requires a
longer term of treatment. 'KRIPA' embraces all in its GRACE. It identifies occupations and joblines where possible, and is initiating income generating activities which would help in rehabilitation of the long term impatient and those requiring sheltered environment.

For the affected family member, KRIPA offers a Family Service Programme every Saturday in English and Hindi and other vernacular languages. Family Counsellors are also available for individual counselling at the centre and if necessary through home visits. Help may also be sought through HELPLINE.

"HELPLINE" is an integral part of the programme drawn for drug addicts and alcoholics 'Helpline' services, not only the chemical dependent but also their parents and friends in receiving timely assistance, correct information and proper guidance in the rehabilitation of drug addicts and alcoholics. It keeps in close touch with the voluntary organisations involved in chemical dependency in order to help both the 'afflicted' chemically dependent person, as well as the 'affected' family members.
3. **JOSHUA I.E., Bumomual, Churachandpur (Manipur):**

The centre was established in 1994 with a view to rehabilitating the male and female addicts. It has its Head Office at Mizoram. The centre at Bumomual, Churachandpur is managed by a Project Director. The centre has 25 to 30 beds for male inmates and 25 beds for female inmates.

Separate provisions are made for the stay of male and female addicts in the centre.

The centre derives its fund from charitable Trusts, voluntary organisations and individual donors.

The treatment programme is based mainly on detoxification through self-control measure without any medicine but with meditation to God.

This centre, however, requires to be improved in matters of providing therapy, treatment and other activities. So far, it has no doubt done a good service towards de-addicting young persons.
Fig. (Photograph) : 24
Entrance Room, Joshua Inn, Churachandpur, Manipur.

Fig. (Photograph) : 25
Class-cum-Prayer Room of Joshua Inn, Churachandpur, Manipur.
4. **LIGHT HOUSE, Lamdeng (Manipur):**

The centre was established in 1992 with a view to providing counselling services, treatment, care of the addicts. It is sponsored by the Ministry of Welfare, Government of India, New Delhi.

The administration of the centre is entrusted to a Project Director with a team of experts including 3 Medical Officers, 2 Counsellors, 2 Social workers, 6 Nurses, 1 Pharmacist and other office assistants.

The centre is primarily intended for providing accommodation to 20 male inmates only but sometimes it can be increased to 40 according to the needs.

The main programme of treatment available in the centre are as follows:

1. De-addiction and treatment with medical facilities.
2. Counselling
3. Rehabilitation.
Fig. (Photograph) : 26
Light House, Lamdeng, Imphal.

Fig. (Photograph) : 27
Dormitory Room, Light House, Lamdeng, Imphal.
Fig. (Photograph) : 28
Kitchen Room, Light House, Lamdeng, Imphal.

Fig. (Photograph) : 29
Dinning Room, Light House, Lamdeng, Imphal.
Fig. (Photograph) : 30

Indoor Games Room, Light House, Lamdeng, Imphal.

5. Recreational.

6. Yoga.

7. Games and Sports.

8. Narcotic Anonymous group service.


Besides these programmes a strict schedule for daily programme is to be maintained - 5.00 a.m. - Rising Bell, 5 - 6 a.m. - Personal Cleaning, 6 - 7 a.m. - Meditation and Yoga, 7.30 - 8 a.m. - Breakfast, 8 - 9 a.m. - Occupational therapy, 9 - 10 a.m. - Troup counselling/class, 10 a.m. - Bathing and Washing, 11 - 12 noon - Lunch, 12 - 2 p.m. - Rest, 2 - 3 p.m. - Individual counselling, 3 - 4 p.m. - Needing (N.A. and self help group), 4 - 5.30 p.m. - Games and Exercise, 5.30 - 7 p.m. - Reflection, 7 - 8 p.m. Dinners, 8 - 9.30 p.m. - T.V./Variety Entertainment, 9.30 p.m. - Light off, etc..

The centre has made commendable progress. It works in association with the communities. It also works to produce recovery inmates and make them available to join in self help
group meeting at the local area. It has medication policy - providing drugs for treatment at the lowest possible extent, so that chemical dependency is scaled down. It also takes up parental involvement programme by conducting parents meeting once in a week/thrice in a month to restore normalcy in family relationship.

5. **YAI PHAKOL, Porompat, Imphal (Manipur):**

It was established in 1992 with its Head Quarter at Porompat, Imphal. It has well equipped staff consisting of a Project Director cum-Medical Officer, 2 Medical Assistants, 2 Psychiatrists, 2 Counsellors, 1 Pharmacist, 1 Social worker, 1 Yoga therapist cum-physical instructor, 6 Nurses and sufficient ministrial staffs.

The centre is State Level Voluntary Organisation registered under the Society Registration Act XXI of 1860 (No.4474 of 15th Feb., 1983). The main sources of funding of this centre are as follows - Local contribution, Beneficiaries contribution, Membership admission fees, Membership subscription (annual), Donations, Grand-in-aid from the State/Central Government and Foreign funding agencies.
Fig. (Photograph) : 31
Yaiphakol De-Addiction Centre, Porompat, Imphal.
The centre has provided dormitory room, separate class room, Yoga class room, kitchen room, Gardening field and Indoor sports field to the admitted inmates and also having separate staff rooms.

It is a residential unit for female addicts only, equipped with 15 beds.

The main programmes of treatment of this centre are as follows:-

1. Counselling session - Group counselling, individual counselling, Family counselling, Yoga class, psychotherapy, etc.

2. Behavioural therapy - Group sharing session, Occupation therapy.

3. Referral services.

4. Follow-up services - Through letter correspondence with ex-inmates, Social workers/counsellors contacting the ex-inmates at their residence/work places.
Besides these programmes, the centre has provided various training programmes on Tailoring for 6 months, Leadership training, Management training, etc. From these training courses, the centre has produced 50 inmates per year.

6. **Lanka Rehabilitation and Research Centre, Churachandpur:**

This centre was established in 1988 with a view to dealing with the problems of drug abuse and research on HIV infected addicts.

The centre is sponsored by the Ministry of Home Affairs, Government of India. It is supported by a Church organization. There is a Director and 10 other members to look after the programmes of management, treatment and research.

There are dormitory rooms to accommodate 10 - 15 inmates. Play and recreational facilities are also provided in the centre in addiction to regular checking of health of addicts, and counsellors to counsel them and take care.

In the daily routine, prayer is insisted upon. Awareness camp is regularly organized.
Fig. (Photograph) : 32
Entrance to the Lamka Rehabilitation and Research Centre, Churachandpur, Manipur.

Fig. (Photograph) : 33
Class Room of the Lamka Rehabilitation and Research Centre, Churachandpur, Manipur.
The centre has undertaken some research works on HIV infected drug addicts. The findings are encouraging.

7. **SILCAM RESCUE CENTRE, Churachandpur (Manipur):**

It was established in 1991. It has facilities for 10 - 15 male addicts only. It is sponsored by the Ministry of Welfare, Government of India.

There is a Project Officer assisted by a group of trained personals in the field of drug addiction, control and prevention.

It follows the Guidelines as envisaged in the Central Government Scheme of drug abuse prevention and cure.

8. **NEW LIFE, Sangaiprou, Imphal:**

The centre was established in January, 1987 with financial assistance from the Ministry of Welfare, Government of India. It has provision for male addicts only. It has 30 beds and dormitory rooms with diet facilities.
Fig. (Photograph) : 34
Siloam Rescue Centre, Churachandpur, Manipur.

Fig. (Photograph) : 35
Class Room, Siloam Rescue Centre, Churachandpur, Manipur.
Fig. (Photograph) : 36
New Life De-Addiction Centre, Sangaiiprou, Imphal.

Fig. (Photograph) : 37
Dormitory Room in New Life, Sangaiiprou, Imphal.
The centre provides facilities for play, recreational activities to the addicts; regular medical care and yoga exercises are taken up. In addition, the centre gives community therapy, drug education, and also organizes awareness camps. It has facilities for outdoor patients and after care service.

The centre is managed by a Committee consisting of a Director and 10 other expert members.

9. **NEW LIFE, Kangbai, Churachandpur (Manipur):**

The centre was established in 1993, and sponsored by the Ministry of Welfare, Government of India.

The centre is managed by a team of experts consisting of Psychiatrists, Doctors, Counsellors, Psychologists. It has separate dormitory rooms with 15 beds for male addicts.

The main activities of this centre include: Counselling service, Medical treatment, Detoxification services, Home visit programme, specially to take care of the de-addicts, Parental communication in regard to the prevention of drug used by their sons and daughters, Yoga therapy, Indoor and Outdoor sports activities, Gardening, Group therapy, etc.
Fig. (Photograph) : 38
Dormitory Room, New Life, Churachandpur, Manipur.

Fig. (Photograph) : 39
New Life, Inmates in Dormitory Room, Churachandpur, Manipur.
10. SHINE DEADDICTION CENTRE, Thangmeiband, Imphal:

This centre was established in 1993 by the "Integrated Women and Child Development Association". It is sponsored by the Ministry of Welfare, Government of India.

The centre pays emphasis on rehabilitating the addicts, after care services. It organizes awareness camps. It introduces a strict routine for the inmates. It provides opportunities for undergoing vocational training to the inmates.

11. DIVINE LIGHT:

Established by one NGO on August 1, 1991, this Deaddiction Centre has been doing commendable services to the addicted youths.

The centre is situated at Langthabal Kunja, Canchipur, Imphal, by the side of the National High Way No. 39 leading to Myanmar. It is sponsored by the Ministry of Welfare, Government of India. The centre has private income sources too to contribute to the management of affairs.
Fig. (Photograph) : 40
Shine De-Addiction Centre, Thangmeiband, Imphal.

Fig. (Photograph) : 41
De-toxification Room of Shine De-Addiction Centre, Thangmeiband, Imphal.
Fig. (Photograph) : 42
Divine Light De-Addiction Centre, Canchipur, Imphal.

Fig. (Photograph) : 43
De-toxification Room of Divine Light, Canchipur, Imphal.
The centre is managed by a Project Director who is assisted by a group of trained personnel. A qualified doctor is made available for the addicts from time to time.

This centre has provision for treatment of male addicts only, having a capacity to accommodate 30 inmates at a time.

The centre offers the following services:-

1. De-toxification.

2. Counselling service.

3. Health service and spiritual classes/Rehabilitation and after care service.

4. Therapeutic community.

5. Self help group.

A strict programme is enforced to be followed by the inmates in the centre:-

1. Rising and Bed tea.

2. Physical excercise/Yoga.

3. Cleaning and Washing.
4. Meditation.

5. Breakfast.

6. Recreation.

7. Individual counselling.


9. Lunch.

10. Group meeting.

11. Occupational Therapy.

12. Discussion and counselling.


15. Library Academic Work.


17. T.V. and General discussion.

18. Light off.

The length of stay by an addict in the centre varies according to the condition of the addict, although the average time period provided is for 3 months. Those who join rehabilitation services are provided with Recreation facilities like Library, Indoor and Outdoor games, audivisual shows, etc.
The daily group therapy helps each patient to understand themselves and their disease. By sharing personal experience, clients learn for the first time to trust and seek help from each other. In individual counselling session, counsellor and patient work together to identify personal problems and set specific goal, that will lead to a better life. These goals may include overcoming resentment, developing trust in orders, etc.

The centre is also engaged in preventive activities and follow up programmes. Besides, the vocational rehabilitation programme also facilitates the inmates of the centre in cane-bamboo work, carpentry, typing, mat-making, piggery, and tailoring, etc. to enable them to be self-reliant after they are discharged from the centre.

Each client works on adopting the philosophy of Narcotic Anonymous (N.A./A.A.). Care of the family is also an important part of rehabilitation service.
Fig. (Photograph) : 44
Divine Light Rehabilitation Centre, Canchipur, Imphal.

Fig. (Photograph) : 45
Play Facilities in Divine Light, Canchipur, Imphal.
12. **NEW HOPE, Cinar(Manipur)**:

This centre was established in 1991. It is sponsored by the Ministry of Welfare, Government of India.

The management is entrusted to a Project Director, assisted by a Doctor, 2 counsellors, 4 social workers, a female nurse and a few ministerial staff.

The centre has provision for 20 inmates at a time. It has separate dormitory rooms, class rooms and recreational rooms.

Daily routine is strictly followed by the inmates in the centre. The centre carries out individual counselling, group counselling, occupational therapy, meditation. Psychotherapy and Behavioural therapy are also extended to the inmates.

The inmates are engaged in vocational activities. Special care is given to the recovered addicts.
Fig. (Photograph) : 46
New Hope De-Addiction Centre, Oinam, Manipur.

Fig. (Photograph) : 47
Dormitory Room of New Hope, Oinam, Manipur.
Fig. (Photograph) : 48
Class Room of New Hope, Oinam, Manipur.

Fig. (Photograph) : 49
Discussion with Counsellor in New Hope, Oinam, Manipur.
13. **SAJIWA JAIL REHABILITATION CENTRE, Khabeiscoi (Manipur)**

It is a Government establishment. It came up in August 1985. It works under the Guidelines of the Central Government. It is in the charge of a Jailor. It can accommodate 60 addicts at a time. But it has provision for more than 200 addicts. It provides facilities for both male and female addicts.

The centre gives more emphasis on industrial work and less so in counselling therapy.

The following programme is introduced in the centre for the addicts:

1. Detoxification through self control measures;
2. Counselling service by the trained personnel visitor;
3. Occupational therapy;
4. Yoga therapy;
5. Indoor and Outdoor sports; and
6. Farming and gardening.
14. **DAWN, Langol, Imphal**

It was established in 1990. It is purely a private organization, deriving its fund from fees, donation, etc. It has provision for male addicts, accommodating 20-30 addicts at a time.

The centre is supervised by a Project Director assisted by a team of experts. It follows the Guidelines of the Central Government, although it is not getting financial assistance from it.

The centre takes up treatment, cure and prevention programmes. Particular care is given to the recovered addicts.
Fig. (Photograph) : 50
Entry Gate of Down, Langol Complex, Imphal.

Fig. (Photograph) : 51
Dormitory Room of Down, Langol Complex, Imphal.
Fig. (Photograph) : 52
Class Room of Down, Langol Complex, Imphal.

Fig. (Photograph) : 53
Ladies Dormitory Room, Down, Langol Complex, Imphal.
Fig. (Photograph) : 54
Vocational Class Room, Down, Langol Complex, Imphal.